	РМ-91- 4 (В Вт 1991	PD) OMB No.: 0938-
State	/Territory: _	IDAHO
Citation 42 CFR 447.51	4.18 Recipie	nt Cost Sharing and Similar Charges
through 447.58	dedu	ss a waiver under 42 CFR 431.55(g) applies, ctibles, coinsurance rates, and copayments do not ed the maximum allowable charges under 42 CFR 54.
1916(a) and (b) of the Act	and cate bene	pt as specified in items 4.18(b)(4), (5), (6) below, with respect to individuals covered as gorically needy or as qualified Medicare ficiaries (as defined in section 1905(p)(1) of Act) under the plan:
		o enrollment fee, premium, or similar charge is mposed under the plan.
	C	o deductible, coinsurance, copayment, or similar harge is imposed under the plan for the ollowing:
	(i)	Services to individuals under age 18, or under
		/ Age 19
		<u>/</u> / Age 20
	•	<u>/</u> / Age 21
		Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.
	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may affect the pregnancy.
TN No. 9/-/9 Supersedes	Approval Date	1/21/92 Effective Date 14/191
TN No. $37-4$		HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BP	OMB No.: 0938-
	State/Territory	/:	IDAHO
Citation	4.18(b)(2	2) (Co	ntinued)
42 CFR 447 through	.51	(iii)	All services furnished to pregnant women.
447.58			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	,	(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR $447.53(b)(4)$.
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
	•	(vii)	Services furnished by a health maintenance organization in which the individual is enrolled.
1916 of th P.L. 99-27 (Section 9	12,	viii)	Services furnished to an individual receiving hospice care, as defined in section 1905(0) of the Act.
TN No.	7/-/9 Approval	Date	1/21/92 Effective Date 10/1/91
TN No	16-1		MOER ID. 7092F

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
	State/Territory:		IDAHO		
Citation	4.18(b) (C	ontinue	ed)		
42 CFR 441 through 447.48	7.51 (3)	appli copay servi	ies, <u>nominal</u> d yment, or simi		nsurance,
		<u>/X/</u>	Not applicatingosed.	ole. No such c	harges are
	(.		or any service narge is impos	e, no more than ed.	one type of
	(i		narges apply to ollowing age g	o services fur roups:	nished to the
			<u>∠</u> / 18 or	older	
				older	
			<u> </u>	older	
				older	
			following re individuals	asonable categ	ho are 18 years of
TN No Superseder TN No	Approval Da	ate	1/21/72		e <u>/6//////</u> 982E

Revision:		-PM-91- 4 T 1991	(BPD)		OMB NO.: 0936
	State	/Territor	у:	IDA	.HO
Citation		4.18(b)(3) (Co	ntinue	ed)
42 CFR 447.5 through 447.			(iii)	Medic	he categorically needy and qualified are beneficiaries, <u>ATTACHMENT 4.18-A</u> fies the:
				(A)	Service(s) for which a charge(s) is applied;
				(B)	Nature of the charge imposed on each service;
				(C)	Amount(s) of and basis for determining the charge(s);
				(D)	Method used to collect the charge(s);
				(E)	Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
				(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
				(G)	Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
					// Not applicable. There is no maximum.
1					
TN No. Supersede	9/-/9 S	Approval	Date	1/2	1/92 Effective Date 16/1/91
TN No.	70-11				HCFA ID: 7982E

HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
State/Territory	:	IDAHO
4.18(b)(4)	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
o)	i) <i>二</i>	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
f 4.18(b)(6	i) <i>I</i>	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.
	AUGUST 1991 State/Territory 4.18(b)(4 2) 4.18(b)(5	State/Territory:

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TN No. $36-1$,	HCFA ID: 7982E	

Mevision.		1991	(BPD	,			OMI	s No.:	0938-	
	State/	Territo	ry: _	ID	AHO					·-
Citation 42 CFR 447	51	4.18(c)	<u> </u>	ndiv he p	iduals an lan.	e cove	red as	medica	lly ne	edy under
through 44		(1) 💆	imj ame sul CFI ree	posed. <u>A</u> ount of a bject to R 447.52(garding t	TTACHM and lia the ma b) and he eff of the	ENT 4.1 bility ximum a define ect on	18-B sp period allowab s the recipi	ecifie: for sile cha: State': ents o	uch charge rges in 42 s policv
447.51 thr 447.58	ough	(:	2)	or	deductih similar e followi	charge	insurar is imp	nce, co posed u	payment nder tl	t, ne plan fo
			(i)	Services	to in	dividua	ls und	er age	18, or
						Age 1	9			
						Age 20	0			
						Age 2	1			
					are a charg	ge 18,	categor but un ly are	der ag	e 21, t	duals who o whom
						/				
TN No. Supersedes TN No. Se	11-19	Approval	Date		1/21/92	2 E1	ffectiv	e Date	/4	1/2/
		_					HCFA I	D: 798	32E	

	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
st	ate/Territory	/:	IDAHO
Citation	4.18 (c)	(2) (C	ontinued)
42 CFR 447.5 through 447.58	51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			// Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of the P.L. 99-272 (Section 950	·	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 throu 447.58	ıgh (v	riii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
			// Not applicable. No such charges are imposed.
TN No. 9/	-/9		····
Supersedes	Anna	D-+-	1/21/92 Effective Date 10/1/91

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Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territor	у:	IDAHO
Citation	4.18(c)(no si no	less a waiver under 42 CFR 431.55(g) applies, minal deductible, coinsurance, copayment, or milar charges are imposed on services that are t excluded from such charges under item (b)(2) ove.
			Not applicable. No such charges are imposed.
		(i)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			/_/ 18 or older
			/_/ 19 or older
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.
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TN No.	ow /		HCFA ID: 7982E

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	State/Territor	у:	IDAHO
Citation	4.18(c)(3) (Co	ontinued)
447.51 thr	ough	(iii)) For the medically needy, and other optional groups,

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